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TESTIMONY BEFORE

SENATE APPROPRIATIONS SUBCOMMITTEE ON LABOR-H.E.W.  
ON FISCAL 1960 BUDGET (SEN. LISTER HILL, CHAIRMAN)

10:00 A.M. Tuesday, May 26, 1959.

Room F-82, Senate Wing, Capitol Building

by

MIKE GORMAN - Washington, D. C.

Executive Director, NATIONAL COMMITTEE AGAINST MENTAL ILLNESS

Mr. Chairman and Members of the Committee:

On April 21st the New York Times ran a headline, "Flemming Pleads for Mentally Ill," over a story covering a press conference held the previous day by Secretary of Health, Education and Welfare Arthur S. Flemming.

"Tens of thousands of mentally ill patients in our nation today are receiving disgracefully inadequate care and treatment," Mr. Flemming stated at his press conference. "While there has been some encouraging progress against mental illness in recent years, the situation as a whole is one that I believe the American people would find genuinely shocking if they knew the facts".

Mr. Flemming continued with a biting criticism of our present financial support of efforts to fight mental illness. Here are the Secretary's own words in all their eloquent simplicity:

"One thing, however, is clear: the resources we are devoting

to mental illness today fall dreadfully short of meeting the problem. We have not yet mounted an effective attack on mental illness in this country. The fact is, we are barely holding the line . . . . Many of the 277 state and county mental hospitals in this country are still little more than custodial institutions with wholly inadequate funds, personnel and facilities for even the simplest methods of treatment".

The above is a bold and challenging summation of the nation's number one health problem. To the seventeen million Americans suffering from mental illness, and to their distraught families, it offers promise of a sizeable investment of funds to fight this raging epidemic. But I am sorry to report that the Secretary's words were just words, and that his gallant crusade was upended by the Bureau of the Budget.

On April 30th the same New York Times headlined another story: "Flemming Fights Rise In His Budget". Among other things, Mr. Flemming was reported as fighting a small \$8 million increase appropriated by the House of Representatives for the National Institute of Mental Health.

In appropriating approximately \$60 million for the Institute for the coming year, the House Appropriations Committee noted that this sum was many times less than the annual money savings which have already resulted during the past three years as a result of the intensive application of the new drugs and other medical research discoveries to the problem of mental illness. I quote from the House Report:

"Recent figures presented to the committee indicate that

mental illness costs this country a minimum of \$3 billion a year.

"Despite the staggering economic losses, the committee received heartening evidence of remarkable progress against mental illness. Over the past three years, there has been a drop of 13,000 patients in State mental hospitals. At the end of 1958 there were 52,000 fewer mental patients in all mental institutions than might have been expected on the basis of the rising curve from 1945 to 1955.

"Just the annual money savings resulting from this reduction amount to much more than this entire appropriation if calculated on the most conservative basis. It costs an average of \$1,500 a year to provide little more than custodial care for each patient in a mental hospital and in institutions where good care and service is given the costs are much higher. Restored to a useful life this same person is earning his own living and paying taxes.

"Medical research that can increase our ability to prevent chronic mental illness is the only way of eventually cutting down on the Nation's multi-billion dollar annual bill for care of the mentally ill."

In essence, Mr. Chairman, the Administration budget for the National Institute of Mental Health for fiscal 1960 is a backward step in our fight against mental illness. For example, it allows only \$3 million to finance new research applications despite conservative projections which estimate a minimum of \$6 million in new applications just at the present rate of growth. In the face of desperate shortages of psychiatrists and allied personnel, it cuts the number of vitally needed traineeships from 2,533 to 1,775. Despite approved applications for general practitioner training far in

excess of the \$1,300,000 voted last year, it cuts that program back to last year's level.

Despite the important inroads we are making against mental illness, the problem is far from solved. By making a phone call to Bethesda, the Administration budget makers could have learned that admissions to state mental hospitals alone have risen 25,000 in just the past two years. Furthermore, psychiatric admissions to general and private hospitals have set new records, while clinics in all parts of the country have waiting lists of from six months to two years.

We are therefore requesting \$79,986,000 for the operations of the National Institute of Mental Health during fiscal 1960. We predicate this requested increase on the premise that now is the time to invest heavily in psychiatric research and training programs designed to accelerate the breakthroughs already achieved.

State government is following this wise course. In just the past two years, appropriations for state mental hospitals have gone up from approximately \$663,000,000 in 1956 to \$813,000,000 in 1958. Our requested figure for the Institute is less than ten percent of what the states are currently spending on this grave problem.

The following are the specific budget recommendations of the National Committee Against Mental Illness:

RESEARCH:

We are proposing \$30,000,000 for the research grants program of the National Institute of Mental Health for the coming year.

Of this total sum, approximately \$15,000,000 should be allocated for general research grants. While presenting no detailed

breakdown of various areas where research support should be increased, we want to make a special plea for an increase in the sums allocated to research on alcoholism. This is a staggering problem--it is estimated that there are five million alcoholics in this country today. We know shamefully little about physiological addiction to alcohol beyond the general suspicion that the metabolisms of many individuals are so constituted that alcohol seems to answer a physiological craving similar to the craving for food in an under-nourished person.

Through the action of the Congress last year, a modest \$300,000 research program on alcoholism is now getting under way. We think the research phase of this program should be lifted to a minimum of about \$1,000,000 during the coming year.

The Title V program of the Institute has become one of the most exciting developments in the entire field of psychiatry. The purpose of this program is to support new ways of handling mental illness other than in the traditional mental hospital setting. If time permitted, I could detail a number of the imaginative projects now under way--the use of emergency psychiatric teams in Boston; support for the work of doctors in private practice here in the District of Columbia in treating mental illness in the community; extramural care for older people with mental illness; day and night hospitals and a host of additional developments.

One area of Title V work is of enormous interest to our committee. As the House report notes, juvenile delinquency is a problem "of great magnitude in terms of parental distress, economic burden and loss of potentially useful citizens . . . . But there

seems to be no coordinated effort to do anything about it, and no one group accepts responsibility for giving leadership in efforts to prevent or ameliorate the problem."

Our committee is deeply impressed with the few attempts which have been made to attack juvenile delinquency on a saturated, community-wide basis. The Henry Street Settlement group of New York City outlined before the House committee a well-designed protocol for a research study of the effectiveness of an all-out community attack on juvenile delinquency, and we think that the time is now to begin support of that kind of study.

The Title V program, currently running at about \$2,800,000 a year, has already accumulated a sizeable backlog of worthwhile project applications which cannot be granted because of insufficient funds. It is therefore suggested that this program be at least doubled during the coming year.

The psychopharmacology program is just beginning to achieve its real potential. In addition to supporting vital drug research at hospitals, medical schools and research laboratories throughout the country, the Psychopharmacology Service Center has initiated a number of pilot arrangements with the pharmaceutical industry which are indications of what can be done in the years to come. After a period of initial confusion and some healthy controversy, a general consensus has developed that industry's role in the psychopharmacology program should be confined to basic research, with particular emphasis upon the mode of action of the drugs and the development of better screening techniques for testing and evaluating the many promising compounds developed in the laboratories each year.

The problem of the screening and evaluation of new drugs is a most critical one. I am happy to note that the Psychopharmacology Service Center is deeply aware of this problem, although it does not yet have the sizeable funds to accomplish the task. The initial problem is one of more effective screening of compounds in animals. In its report to the Congress, the Psychopharmacology Service Center notes that its staff "has been actively discussing with industrial scientists research needs in the area of pre-clinical drug screening which could best be met by grants or contracts to non-profit organizations, and three meetings of industrial and university scientists have been held in the last two months to discuss the specific needs in three special areas of screening".

Of even more importance is a need for quicker and more accurate screenings in human beings of promising compounds. During the past year, it is estimated that over 300 drugs were developed which were deemed of sufficient interest to warrant testing in patients. This involves a staggering evaluation task at the human level, as the Psychopharmacology Service Center notes in the following words in its report to the Congress:

"It is also apparent that there is a major need for better early clinical studies on promising new drugs . . . . Several competent investigators are now carrying out new-drug evaluation studies, but the number of clinical units able to do effective work of this sort falls short of the need for this type of research."

In connection with the difficult job of screening promising new compounds, the NCAMI proposes that the Institute support eight pilot screening centers during the coming year. Each of these

centers might cost in the neighborhood of \$250,000. We regard this as a very important proposal, since the present state mental hospitals and university teaching hospitals are far too overburdened with patient care and related problems to finance elaborate screening programs. Dr. Nathan Kline will present this proposal in more detail in his testimony.

A second need in the field of psychopharmacology is the training of research workers in psychopharmacology. The pharmaceutical industry has enormous laboratory and other resources far beyond the financial capacity of our medical schools and research foundations. I have talked to a number of leaders in the pharmaceutical industry about this problem, and they agree that industry could play a vital role in the training of research fellows in psychopharmacology. In fact, there are several informal training arrangements now in existence between universities and pharmaceutical companies.

Commenting with favor upon this development, the Psychopharmacology Service Center had this to say in its official report to Congress:

"Considerable interest has been expressed in the use of the well equipped interdisciplinary groups now available in some company laboratories for the training of research workers in pharmacology and psychology at both the pre-and post-doctoral levels through cooperative relationships with graduate departments in nearby universities and medical schools."

We propose that approximately \$1,000,000 be allocated to this psychopharmacology training program during the first year. We leave it to the wisdom of the Psychopharmacology Service Center to determine



how much of this training can be done within industry and how much can be done in academic institutions. Our major concern is with the problem, not with the mechanism used to solve it. We are deeply concerned with testimony received by the House of Representatives that the critical shortage of clinical pharmacologists in the United States is the major bottleneck in the discovery and application of better drugs for mental illness. Numerous positions currently budgeted for psychopharmacologists and neuropharmacologists in medical schools, pharmaceutical laboratories and private research institutions are vacant today because of the lack of an aggressive training program in this field.

In sum, we are proposing \$10,000,000 for the psychopharmacology program during the coming year--a modest increase of \$1,000,000 in the basic drug research program, including additional projects with industry; \$2,000,000 for the establishment of screening centers, and \$1,000,000 for training.

Just one observation on the aforementioned proposals. We respectfully suggest that these sums be not considered inflexible. Availability of manpower and many other considerations frequently determine the speed with which a program can get off the ground. If one part of the program is held back because of any one of a number of obstacles, we hope that the appropriation can be transferred to another area in the broad field of psychopharmacology.

The important thing is strong continuing support for drug research. We feel that we are proposing a modest and realistic increase in the psychopharmacology program until it moves out of the pilot stage. As you well know, the cancer chemotherapy program has moved

forward much more rapidly during the past five years--from approximately \$1,000,000 in fiscal 1954 to \$23,000,000 in fiscal 1959.

We hope to achieve a like momentum in the next several years in the field of psychopharmacology.

RESEARCH FELLOWSHIPS:

The current appropriation for research fellowships is only \$1,396,000. Despite the fact that this is roughly double the previous year's appropriation, applications on hand already far exceed the money available. Considering the current critical shortage of competent research workers, it is nothing short of tragic that this research fellowship program has been starved over the past few years.

We propose that this program be increased by \$1,000,000 in the coming year, with at least one-half of the increase being devoted to research fellowships in the biology of mental illness.

TRAINING:

"The great need today is for more professionally trained personnel in all fields of mental health," Secretary Flemming stated on April 21st. "The American Psychiatric Association in December 1957 published results of a study of professional staff in public mental hospitals as of 1956. This study shows that the number of physicians, psychiatrists, registered nurses and other nurses and attendants was grossly inadequate . . . . Because of the shortages, I am told that the potentials inherent in the new tranquilizing drugs are as yet largely unrealized."

Despite these fine words, the present Administration has recommended a sum for training which will cut the number of available

traineeships one-third under last year's figure. Shocked at this cut, Representative Fogarty asked Dr. Robert Felix if it meant there were enough psychiatrists and other personnel to handle the problem of mental illness. Here is Dr. Felix' answer:

"No sir, there are not enough psychiatrists or other personnel. We do not have enough. We could use additional funds next year. In fact, if we do not get additional funds next year, we will go back."

We are asking an increase of about \$8,000,000 in these general training programs. At least \$2,000,000 of this increase should go to the excellent program designed to train potential research workers in a broad variety of biological and psychological disciplines. As we have pointed out for the past several years, only two medical schools are currently receiving money to support this program, and there are only 85 fellows in the entire national program. We understand that there are scores of applications from various university departments indicating their willingness to participate in this program.

We cannot understand the Administration's position on this issue. On the one hand, it continually protests that it cannot support more research grants because there aren't enough competent research workers in the country. On the other hand, it refuses to recommend the money to train these needed research workers and, in effect, slams the door on scores of institutions which are willing to provide this training.

For the training of the general practitioner, the Administration recommends the same sum as last year--\$1,300,000. Although this program only got under way last fall, the demand for it has far exceeded the fondest expectations of those of us who testified for its creation. For the two phases of the program-- the support of general practitioners

taking a three-year psychiatric residency, and the support of pilot projects in methods of training general practitioners who want to remain family physicians but increase their psychiatric skills-- there are on hand many more applications than can be granted under the present inadequate appropriation.

Noting that this program had just gotten under way during the past year, the House Appropriations Committee reported that "it has been received with unprecedented enthusiasm by the medical profession despite the newness of the program. The Institute has been unable to finance many of the applications from all parts of the country. Since the family physician is dispensing the greatest quantity of the new drugs, it is absolutely vital that he receive the psychiatric education he so avidly seeks. It will be expected that this program be expanded in 1960."

We are therefore requesting \$5,000,000 for this program during fiscal 1960. This increase is mandated, in part, by the nature of the program. For example, all the general practitioners who have begun the first year of psychiatric residency must take a minimum of two more years of training before being eligible for certification. By holding the program to last year's level, the Administration closes the door on any new applications for the coming year. Since the average stipend under this program runs about \$10,000 a year, adding only 100 new fellows costs \$1,000,000 the first year. We are hopeful that at least 200 new fellows can be started; this will cost about \$2,000,000 during fiscal 1960.

The short-term training of general practitioners who want to increase their psychiatric skills is just as important. A recent

survey by the General Practitioner Education Project of the American Psychiatric Association pointed up the scarcity of psychiatric training opportunities open to the average family physician. In many parts of the country, there is absolutely no place where the general practitioner can go for advanced psychiatric training.

Again, in the interest of flexibility and because the program is so new, we suggest that the Institute be permitted to relate its support to the level of applications and to the availability of training manpower.

GRANTS FOR CLINICS:

We suggest an increase of \$1,000,000 over the sum of \$4,000,000 recommended by the Administration. The big need here is federal matching support for clinics and other preventive services in the poorer and less populous states. In the larger states, state and local contributions for clinics and other community mental health services frequently run ten and even twenty times the size of the federal contribution. However, in a number of the poorer states, the basic federal grant of \$25,000 is far from adequate. With the additional funds proposed, we suggest that the minimum matching allocation to a state for expansion of clinical services be raised from \$25,000 to \$50,000.

DIRECT OPERATIONS

RESEARCH:

We recommend that the intramural research program of the Institute be lifted to a level of about \$8,000,000--an increase of a little over a million dollars more than the Administration recommendation. This

modest increase would allow additional money for drug addiction studies at Lexington, some increase in the intramural program in psychopharmacology, an expansion of the vitally important collaborative research project recently inaugurated at St. Elizabeths, greater support for studies at the Clinical Center, and a well-deserved boost for the excellent statistical and evaluation work of the Biometrics branch of the Institute.

We would also like to see a modest expansion of the various technical assistance staffs of the Institute. As the various grant programs have grown over the past few years, the demands upon the Institute staff have far exceeded its present capacity. Again the Administration has been derelict in not asking the Congress for additional appropriations with which to employ more technical staff for the Institute. We would remind the Administration, which is constantly celebrating the virtues of local community effort, that the Institute has been unable for the past several years to supply all the technical help and assistance requested by the states and by scores of local communities. We therefore suggest the following increases in Institute staff programs:

REVIEW AND APPROVAL:

An increase from the current \$863,000 to \$1,250,000 in 1960. The basis for this increase is an obvious one--each year more and more research and training grant applications have to be considered, and it is important that they receive both prompt and careful technical scrutiny. It has come to our attention that, in some areas, consideration and support of worthwhile projects have been held up for long periods of time because of a shortage of the technical manpower needed to review the applications.

PROFESSIONAL AND TECHNICAL ASSISTANCE:

We recommend an increase in this area from the current \$1,730,000 to \$2,000,000 in the coming year. The major justification for this increase has been discussed previously, but it is important to note that this technical assistance to state, local and private effort is particularly needed in psychopharmacology, drug addiction, alcoholism, mental retardation, and the general practitioner training program.

ADMINISTRATION:

We recommend an increase of about \$280,000 above the \$362,000 appropriated for fiscal 1959.

Here again it is obvious you need more central staff positions to carry out the ever-widening responsibilities of the Institute. A great number of major programs have been added these last few years-- psychopharmacology, Title V, general practitioner, training of research workers, etc. The Institute has had no comparable increase in the professional manpower required to plan and direct these programs. We understand that this shortage of key administrative personnel has reached critical proportions, and we strongly urge this committee to rectify this growing imbalance between expanding grant programs and a limited technical staff responsible for their success or failure.

There is a related problem which does not fall directly within the purview of this committee, but it is one of great importance. Put very simply, the salary scales at the Institute are much too low. In obtaining qualified professional staff, the Institute must now compete with much higher salaries paid by state mental health

departments, and even, in some cases, local community mental health boards. If the Institute is to continue its position of leadership as the major psychiatric arm of our national government, the salaries it can pay to its professional and administrative personnel must be increased all along the line.

Appended to this statement is the detailed budget request of the National Committee Against Mental Illness for the fiscal 1960 operations of the National Institute of Mental Health.



# NATIONAL INSTITUTE OF MENTAL HEALTH

FISCAL 1959 Appropri.

Citizens Request - FISCAL 1960

## GRANTS

<u>Research Grants</u>	\$18,834,000	\$30,600,000
Title V	(2,800,000)*	(5,600,000)*
Psychopharmacology	(6,000,000)*	(10,000,000)*
<u>Research Fellowships</u>	1,396,000	2,396,000
<u>Training</u>	18,213,000	30,000,000
General Practitioner	(1,300,000)*	(5,000,000)*
<u>Grants for Clinics and</u>		
<u>other Preventive Services</u>	\$4,000,000	5,000,000

## DIRECT OPERATIONS

<u>Research</u>	6,921,000	8,000,000
<u>Review &amp; Approval</u>	863,000	1,250,000
<u>Training Activities</u>	100,000	100,000
<u>Professional and</u>		
<u>Technical Assistance</u>	1,730,000	2,000,000
<u>Administration</u>	362,000	640,000
 TOTAL	 52,419,000	 79,986,000

\* Items in parentheses are subdivision  
breakdowns of particular program totals.